



OFFICE USE ONLY

Request # \_\_\_\_\_

# County of San Diego

GARY W. ERBECK  
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
P.O. BOX 129261, SAN DIEGO, CA 92112-9261  
(619) 338-2222 1-800-253-9933 FAX (619) 338-2377  
<http://www.sdcdeh.org>

JACK MILLER  
ASSISTANT DIRECTOR

## REQUEST TO REVIEW PUBLIC RECORDS FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND THE HAZARDOUS MATERIALS DIVISION (HMD)

Requestor Name: _____	E-Mail: _____
Phone: (      ) _____	FAX: (      ) _____
Company Name: _____	
Mailing Address: _____	
(You may attach a business card/overprint with business card if preferred)	

Additional information on public records maybe accessed from the DEH website, [www.sdcdeh.org](http://www.sdcdeh.org). Fax your completed form to the Public Records Program at (619) 338-2377 or attach completed form and e-mail to [deh.publicrecords@sdcounty.ca.gov](mailto:deh.publicrecords@sdcounty.ca.gov). The following information is required so that our files may be accurately searched. Separate forms are needed for each address or parcel number.

_____ or _____ Exact Address (Street, City and Zip Code)	Assessor's Parcel Number
Optional information (establishment permit number, business name, etc.): _____	

**If you indicate the purpose of your search, it will help us identify all the public records you may wish to review. If you know the program file you want to review, please check below:**

<input type="checkbox"/> Contaminated Property Investigation(s) (SAM Cases) <input type="checkbox"/> Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)	<input type="checkbox"/> SAM Closure Letter/Report <input type="checkbox"/> Other: _____ (specify)
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DEH complies fully with the California Public Records Act and the Federal Freedom of Information Act. Every properly completed request will be processed in the order it is received. Some files are on line as indicated below. Photocopies of file items may be requested. **A fee of \$.15 per page is charged to cover cost of copies.**

### OFFICE USE ONLY BELOW THIS LINE

Files reviewed by: _____	of _____	Date: ____/____/____
Files copied for: _____	of _____	Date: ____/____/____
Request cancelled by: _____		Date: ____/____/____
Photocopies _____	Cost _____	Picked up/mailed on _____ By _____

**A search for DEH records checked above has been conducted and the following apply:**

☐ SAM files for the permit number(s) below are available. After the files you have requested are retrieved from storage, an appointment will be scheduled so that you may review SAM records in the DEH main office.

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

☐ HMD/UST files for the permit number(s) below are available for review at: [http://sdcounty.ca.gov/deh/doing\\_business/hmd\\_search.html](http://sdcounty.ca.gov/deh/doing_business/hmd_search.html)

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

☐ Original records were purged. Database-only records are available (at: [http://sdcounty.ca.gov/deh/doing\\_business/hazmat\\_search.html](http://sdcounty.ca.gov/deh/doing_business/hazmat_search.html)) for the following permit number(s):

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

☐ No SAM/HMD/UST records were found for the address/APN you requested.

\_\_\_\_\_  
Signature - DEH Representative

\_\_\_\_\_  
Date